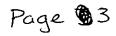
Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full	T1 = 0.1	Rah Fileaki	· · · · · · · · · · · · · · · · · · ·
Name of Committee in Full Committee to	LIECT	NOU PITTAKI	
Full Name US Bank			Registration Number, if PAC N/A
Address P.O. Box 1800 City St. Paul	Type. Interest		M D Y AMOUNT 0.04
City St. Paul	State M N	Zip Code 55101	Form (Cash, Check, etc.) Direct deposit
Full Name	- 	.	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	·		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		·	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		· · · · · ·	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

Total: \$0.04

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received. IN for any investment or interest income earned by the committee. SA for the sale of committee assets, or LN for payments received on a loan made.